

TRANSMITTAL FORM

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Serial Number</td> <td style="width: 50%;">10/796,913</td> </tr> <tr> <td>Filing Date</td> <td>March 8, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>James M. BRUGGER</td> </tr> <tr> <td>Group Art Unit</td> <td>3761</td> </tr> <tr> <td>Examiner Name</td> <td>Melanie Jo Hand</td> </tr> <tr> <td>Attorney Docket No.</td> <td>53951-094</td> </tr> <tr> <td>Patent No.</td> <td>Not applicable</td> </tr> <tr> <td>Issue Date</td> <td>Not applicable</td> </tr> </table>	Application Serial Number	10/796,913	Filing Date	March 8, 2004	First Named Inventor	James M. BRUGGER	Group Art Unit	3761	Examiner Name	Melanie Jo Hand	Attorney Docket No.	53951-094	Patent No.	Not applicable	Issue Date	Not applicable
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ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate)
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Petition for Extension of Time (1/2/3 months)	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
		<input type="checkbox"/> Additional Enclosure(s) (please identify below)

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